VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

December 27, 2018

Ms. Francetta Tice, Manager
Misty Heather Morn Community Care Home
174 Blissville Road
Hydeville, VT 05750

Dear Ms. Tice:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 14, 2018.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licer sing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0174	A. BUILDING: _____ B. WING _____	11/14/2018

NAME OF PROVIDEF OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISTY HEATHEF MORN COMMUNITY CARE H	174 BLISSVILLE ROAD HYDEVILLE, VT 05750

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 11/14/18. There were regulatory findings.	R100		
R171 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have a record of monitoring for side effects for two of three residents in the	R171		

R171 - R188 POC accepted BBoard RN/PMC 12/18/18

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R171	Continued From page 1 sample, receiving psychoactive medications, Resident #1 and #2. Findings include: The record review for Resident #1 receives Citalopram (a psychoactive antidepressant) and Seroquel (a psychotropic medication for behavioral disturbances) on a routine scheduled daily basis. Per interview with the house manager, registered nurse (RN) on 11/14/18 at 12:20 PM, s/he stated that there are forms to complete for monitoring behaviors but none have been completed for Resident #1. Resident #2 is also receiving psychotropic medications for behavioral conditions and there is no record of behavior monitoring or monitoring for side effects in his/her record. The RN further stated at 12:45 PM that there is no formal documentation or recordings for monitoring for side effects for either resident.	R171	*place on forms monitoring of psychoactive medications on checklist. *Was corrected while surveyors were present. *place form in medication book & regular monitoring	11-14-18
R188 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.	R188		

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R188	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that copies of Advanced Directives were present for one of three residents in the sample, Resident #1. Findings include: The record review for Resident #1 on 11/14/18, did not provide evidence of advanced directives and per interview with the house manager, s/he is a Do Not Resuscitate (DNR) according to the guardian. S/he further stated that the guardian has been asked to provide evidence of the DNR and it has not been given. There is also no physician order on record regarding the code status for Resident #1 and the house manager stated that the staff would have to assume that the resident is a Full Code without evidence to state otherwise. Confirmation received at 1:20 PM on 11/14/18 that the advanced directives needs to be part of the resident's record.	R188	I have repeated requested this - daughter assures me she will get them to me. ASAP.	12-25-18